

## Local Government Insurance Trust Police K9 Application

Member \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

How often medical  
checkups and vaccinations? \_\_\_\_\_

Overnight stay  
(kennel, home, etc)? \_\_\_\_\_

Did K9 receive a warrant of  
perfect health and fitness to perform its duties? \_\_\_\_\_

### Police K9 Schedule

K9 Type, ID#, Name	K9 Cost before Training	K9 Cost after Training	Types of Training	Age	Any Pre-existing Conditions	Health Status

### Loss Schedule

Date of Loss	Loss Description	Amount	Open or Closed

Signature \_\_\_\_\_ Date \_\_\_\_\_